

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA**

[www.flsb.uscourts.gov](http://www.flsb.uscourts.gov)

In re:

Case No.  
Chapter

\_\_\_\_\_  
Debtor /

SUMMARY OF [ FIRST] INTERIM [or FINAL] FEE APPLICATION OF  
[ ] [COUNSEL] [ACCOUNTANT]

- 
1. Name of applicant:
  2. Role of applicant: **[Counsel]** **[Accountant]** for [ ]
  3. Name of certifying professional:
  4. Date case filed:
  5. Date of application for employment:
  6. Date of order approving employment:
  7. If debtor's counsel, date of Disclosure of Compensation form:
  8. Date of this application:
  9. Dates of services covered:
  10. If case is chapter 7, amount trustee has on hand: \$
- Fees...**
11. Total fee requested for this period (from Exhibit 1) \$
  12. Balance remaining in fee retainer account, not yet awarded ( \$ )
  13. Fees paid or advanced for this period, by other sources ( \$ )
  14. **Net amount of fee requested for this period** \$

**Expenses...**

15. Total expense reimbursement requested for this period \$
16. Balance remaining in expense retainer account, not yet received ( \$ )
17. Expenses paid or advanced for this period, by other sources ( \$ )
18. **Net amount of expense reimbursements requested for this period** \$
19. Gross award requested for this period (#11 + #15) \$
20. **Net award requested for this period** (#14 + #18) \$
21. **If Final Fee Application, amounts of net awards requested in interim applications but not previously awarded (total from History of Fees and Expenses, following pages):** \$
22. **Final fee and expense award requested** (#20 + #21) \$

History of Fees and Expenses

1. Dates, sources, and amounts of retainers received:
- | <u>Dates</u> | <u>Sources</u> | <u>Amounts</u> | <u>For fees or costs?</u> |
|--------------|----------------|----------------|---------------------------|
|--------------|----------------|----------------|---------------------------|
2. Dates, sources, and amounts of third party payments received:
- | <u>Dates</u> | <u>Sources</u> | <u>Amounts</u> | <u>For fees or costs?</u> |
|--------------|----------------|----------------|---------------------------|
|--------------|----------------|----------------|---------------------------|

3. Prior fee and expense awards...

	<u>Prior Fee Awards</u>	<u>Prior Expense Awards</u>
<b>First interim application...</b>		
Dates covered by first application:		
Amount of fees requested:	\$	\$
Amount of expenses requested:	\$	\$
Amount of fees awarded:	\$	\$
Amount of expenses awarded:	\$	\$
Amount of fee retainer authorized to be used:	\$	
Amount of expense retainer authorized to be used:		\$_____

	<u>Prior Fee Awards</u>	<u>Prior Expense Awards</u>
Fee award, net of retainer	\$	\$
Expense award, net of retainer		\$
Date of first award:		
Amount of fees actually paid:	\$	
Amount of expense reimbursement actually paid:		\$
Portion of fees requested but not awarded, which applicant wishes to defer to final fee application:	\$	
Portion of expenses requested but not awarded, which applicant wishes to defer to final fee application	\$	

	<u>Prior Fee Awards</u>	<u>Prior Expense Awards</u>
<b>Second interim application...</b>		
Dates covered by first application:		
Amount of fees requested:	\$	\$
Amount of expenses requested:		\$
Amount of fees awarded:	\$	
Amount of expenses awarded:		\$
Amount of fee retainer authorized to be used:	\$_____	
Amount of expense retainer authorized to be used:		\$_____
Fee award, net of retainer	\$	
Expense award, net of retainer		\$
Date of first award:		

	<u>Prior Fee Awards</u>	<u>Prior Expense Awards</u>
Amount of fees actually paid:	\$	
Amount of expense reimbursement actually paid:		\$
Portion of fees requested but not awarded, which applicant wishes to defer to final fee application:	\$	
Portion of expenses requested but not awarded, which applicant wishes to defer to final fee application:	\$	

### **Third interim application...**

Dates covered by first application:		
Amount of fees requested:	\$	
Amount of expenses requested:	\$	
Amount of fees awarded:	\$	
Amount of expenses awarded:	\$	
Amount of fee retainer authorized to be used:	\$ _____	
Amount of expense retainer authorized to be used:		\$ _____
Fee award, net of retainer	\$	
Expense award, net of retainer		\$
Date of first award:		
Amount of fees actually paid:	\$	
Amount of expense reimbursement actually paid:	\$	
Portion of fees requested but not awarded, which applicant wishes to defer to final fee application:	\$	
Portion of expenses requested but not awarded, which applicant wishes to defer to final fee application:	\$	

	<u>Prior Fee Awards</u>	<u>Prior Expense</u>
<b><u>Awards</u></b>		
<b>Fourth interim application...</b>		
Dates covered by first application:		
Amount of fees requested:	\$	
Amount of expenses requested:		\$
Amount of fees awarded:	\$	
Amount of expenses awarded:		\$

Amount of fee retainer authorized to be used: \$ \_\_\_\_\_

Amount of expense retainer authorized to be used: \$ \_\_\_\_\_

Fee award, net of retainer \$

Expense award, net of retainer \$

Date of first award:

Amount of fees actually paid: \$

Amount of expense reimbursement actually paid: \$

Portion of fees requested but not awarded, which applicant wishes to defer to final fee application: \$

Portion of expenses requested but not awarded, which applicant wishes to defer to final fee application: \$

#### Fee Application

, counsel [accountant] to the , applies for interim [final] compensation for fees for services rendered and costs incurred in this Chapter proceeding. This application is filed pursuant to 11 U.S.C. § 330 and Bankruptcy Rule 2016, and meets all of the requirements set forth in the Guidelines incorporated in Local Rule 2016-1(B)(1). The exhibits attached to this application, pursuant to the Guidelines, are:

Exhibits "1-A" and "1-B"- Summary of Professional and Paraprofessional Time.

Exhibit "2" - Summary of Requested Reimbursements of Expenses.

Exhibit "3" - The applicant's complete time records, in chronological order, by activity code category, for the time period covered by this application. The requested fees are itemized to the tenth of an hour.

The applicant believes that the requested fee, of \$ for hours worked, is reasonable considering the twelve factors enumerated in Johnson v. Georgia Highway Express, Inc., 488 F.2d 714 (5th Circuit 1974), made applicable to bankruptcy proceedings by In re First Colonial Corp. of America, 544 F.2d 1291 (5th Cir. 1977), as follows:

The Time and Labor Required:

The Novelty and Difficulty of the Services Rendered:

The Skill Requisite to Perform the Services Properly:

The Preclusion of Other Employment by the Professional Due to the Acceptance of the Case:

The Customary Fee:

Whether the Fee is Fixed or Contingent:

Time Limitations Imposed by the Client or Other Circumstances:

The Experience, Reputation, and Ability of the Professional:

The Undesirability of the Case:

The Nature and Length of the Professional Relationship of the Client:

Awards in Similar Cases:

WHEREFORE, the applicant seeks an interim award of fees in the amount of \$\_\_\_\_\_ and costs in the amount of \$\_\_\_\_\_.

## Certification

1. I have been designated by \_\_\_\_\_ (the "Applicant") as the professional with responsibility in this case for compliance with the "Guidelines for Fee Applications for Professionals in the Southern District of Florida in Bankruptcy Cases" (the "Guidelines").

2. I have read the Applicant's application for compensation and reimbursement of expenses (the "Application"). The application complies with the Guidelines, and the fees and expenses sought fall within the Guidelines, except as specifically noted in this certification and described in the application.

3. The fees and expenses sought are billed at rates and in accordance with practices customarily employed by the Applicant and generally accepted by the Applicant's clients.

4. In seeking reimbursement for the expenditures described on Exhibit 2, the Applicant is seeking reimbursement only for the actual expenditure and has not marked up the actual cost to provide a profit or to recover the amortized cost of investment in staff time or equipment or capital outlay (except to the extent that the Applicant has elected to charge for in-house photocopies and outgoing facsimile transmissions at the maximum rates permitted by the Guidelines).

5. In seeking reimbursement for any service provided by a third party, the Applicant is seeking reimbursement only for the amount actually paid by the Applicant to the third party.

6. The following are the variances with the provisions of the Guidelines, the date of each court order approving the variance, and the justification for the variance:

\_\_\_\_\_.

### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true copy of this application, with all exhibits, was mailed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to the debtor, the U.S. Trustee, the trustee (if any), the examiner (if any), the chair of each official committee (if any), and their respective counsel.

[Applicant]

Attorneys/Accountant for

[address]

[phone]

By: \_\_\_\_\_

[name of certifying professional]

Fla. Bar No.:

Summary of Professional and  
Paraprofessional Time  
Total per Individual  
for this Period Only  
(EXHIBIT "1-A")

[If this is a final application, and does not cumulate fee details from prior interim applications, then a separate Exhibit 1-A showing cumulative time summary from all applications is attached as well]

<u>Name</u>	<u>Partner, Associate</u> <u>or Paraprofessional</u>	<u>Year</u> <u>Licensed</u>	<u>Total</u> <u>Hours</u>	<u>Average</u> <u>Hourly</u> <u>Rate*</u>	<u>Fee</u>
					\$

Blended Average Hourly Rate: \$

Total fees: \$

\* Indicate any changes in hourly rate and the date of such change:

**EXHIBIT "1"**

Summary of Professional and  
Paraprofessional Time by  
Activity Code Category  
for this Time Period Only  
(EXHIBIT "1-B")

Activity Code: \_\_\_\_\_:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
-------------	-------------	--------------	-------------

Partners:

Associates:

Paralegals:

Activity Subtotal:			\$
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Activity Code: \_\_\_\_\_:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
-------------	-------------	--------------	-------------

Partners:

Associates:

Paralegals:

Activity Subtotal:			\$
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Activity Code: \_\_\_\_\_:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
-------------	-------------	--------------	-------------

Partners:

Associates:

Paralegals:

Activity Subtotal:	\$
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Activity Code: \_\_\_\_\_:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
-------------	-------------	--------------	-------------

Partners:

Associates:

Paralegals:

Activity Subtotal:			\$
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Activity Code: \_\_\_\_\_:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
-------------	-------------	--------------	-------------

Partners:

Associates:

Paralegals:

Activity Subtotal:			\$
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Activity Code: \_\_\_\_\_:

<u>Name</u>	<u>Rate</u>	<u>Hours</u>	<u>Fees</u>
-------------	-------------	--------------	-------------

Partners:

Associates:

Paralegals:

Activity Subtotal:	\$
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Summary of Requested Reimbursement Of Expenses  
for this Time Period Only

[If this is a final application which does not cumulate prior interim applications, a separate summary showing cumulative expenses for all applications is attached as well]

- |     |  |          |
|-----|--|----------|
| 1.  | Filing Fees                                | \$ _____ |
| 2.  | Process Service Fees                       | \$ _____ |
| 3.  | Witness Fees                               | \$ _____ |
| 4.  | Court Reporter Fees and Transcripts        | \$ _____ |
| 5.  | Lien and Title Searches                    | \$ _____ |
| 6.  | Photocopies                                |          |
|     | (a) In-house copies (\$_____ at 15¢/page)  | \$ _____ |
|     | (b) Outside copies (\$_____)               | \$ _____ |
| 7.  | Postage                                    | \$ _____ |
| 8.  | Overnight Delivery Charges                 | \$ _____ |
| 9.  | Outside Courier/Messenger Services         | \$ _____ |
| 10. | Long Distance Telephone Charges            | \$ _____ |
| 11. | Long Distance Fax Transmissions            |          |
|     | ( copies at \$1/page)                      | \$ _____ |
| 12. | Computerized Research                      | \$ _____ |
| 13. | Out-of-Southern-District-of-Florida Travel | \$ _____ |
|     | (a) Transportation (\$_____)               |          |

(b) Lodging (\$\_\_\_\_\_)

(c) Meals (\$\_\_\_\_\_)

14. Other Permissible Expenses (must  
specify and justify)

\$\_\_\_\_\_

(a) (\$\_\_\_\_\_)

(b) (\$\_\_\_\_\_)

Total Expense Reimbursement Requested

\$\_\_\_\_\_

**EXHIBIT "2"**